## DEPARTMENT OF HEALTH AND FAMILY SERVICES Division of Disability and Elder Services Printed 08/18/2006

## **Provider Inspection Summary**

For the period 07/01/2003 to 06/30/2006 Adult Family Home STATE OF WISCONSIN Bureau of Quality Assurance P.O. Box 2969 Madison WI 53701-2969

Corrected

## **Facility Information**

**Facility Name: STRATHMORE HOME (0010699)** 

Address: 6216 STRATHMORE LANE, MADISON, WI 53711

**License Status: REGULAR** 

Licensed/Certified/Registered 09/01/2004

Regional Office: SOUTHERN REGION (MADISON), (608) 243-2370

**Survey History** 

Survey ID: 0094199 End Date: 02/16/2005 Type: STANDARD Purpose: SURVEY

**Results: STATEMENT OF DEFICIENCY ISSUED** 

Statement of Deficiency: #10008131 Served 03/07/2005

Deficiencies Cited Subject Area Compliance

Verified

88.06(3)(d)1 DESCRIPTION OF SERVICES

88.10(3)(e) SELF-DIRECTION

Survey ID: 0093269 End Date: 09/01/2004 Type: INITIAL Purpose: SURVEY

**Results:** LICENSE/CERT/REGISTRATION ISSUED

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